

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>D.B.</i>	<i>2025</i>	<i>3-1-00</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>48</i>	<i>3-1-00</i>
<b>FORMALITY REVIEW</b>		<i>67563</i>	<i>5-4-00</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

Rejected	N	Non-elected
Allowed	I	Interference
— (Through numeral) ... Canceled	A	Appeal
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Claim	Date
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If more than 150 claims or 10 actions  
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